FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746375 (5)

1. Corporation Name

DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6575 SOUTH ORIOLE BLVD. DELRAY BEACH FL 33446	6575 SOUTH ORIOLE BLVD. DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1979
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-1897844 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ST. JOHN, DAVID
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL

300001415243
-02/24/95--01105--023
****130.00 ****120.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	D Treasurer ☐ Change ☐ Addition
NAME	HELFAND, MAX	1.2 NAME	Helfand, Max
STREET ADDRESS	14873 CUMBERLAND DR	1.3 STREET ADDRESS	14873 Cumberland Dr.
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	Delray Bch, Fl SAME
TITLE	P	2.1 TITLE	D President ☑ Change ☐ Addition
NAME	NEEDEL, JEROME B	2.2 NAME	Ettin, Stanley
STREET ADDRESS	14773 CUMBERLAND DR	2.3 STREET ADDRESS	6650 S. Oriole Blvd
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	Delray Beach, Fl.
TITLE	S	3.1 TITLE	D Secretary ☐ Change ☐ Addition
NAME	KRINSKY, MALVIN	3.2 NAME	Krinsky, Malvin
STREET ADDRESS	6625 S. ORIOLE BLVD.	3.3 STREET ADDRESS	6625 S. Oriole Blvd SAME
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	Delray Bch Fl
TITLE	VP	4.1 TITLE	D V/P ☑ Change ☐ Addition
NAME	KUSHEL, SYLVIA	4.2 NAME	Al Basson
STREET ADDRESS	6675 S. ORIOLE BLVD.	4.3 STREET ADDRESS	6650 S. Oriole Blvd
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	Delray Beach, Fl.
TITLE	VP	5.1 TITLE	D V/P ☑ Change ☐ Addition
NAME	KATZ, MURRAY	5.2 NAME	Needel, Jerome
STREET ADDRESS	5650 S. ORIOLE BLVD.	5.3 STREET ADDRESS	14473 Cumberland Dr.
CITY-ST-ZIP	DELRAY BCH. FL	5.4 CITY-ST-ZIP	Delray Beach, Fl.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ec'd 2-23

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Max Helfand MAX HELFAND TREAS 2-6-95 407-499-8098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #